



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/058,571
Filing Date	January 28, 2002
First Named Inventor	Matthew W. Holtcamp
Group Art Unit	1755
Examiner Name	Unassigned
Attorney Docket Number	2002U002.US

Total Number of Pages in This Submission 4

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Preliminary Amendment / Response                 | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> After Final Affidavits/declaration(s)            | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> To Convert a Provisional Application                           | <input type="checkbox"/> Status Letter   |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):       |
| <input type="checkbox"/> Certified Copy of Priority Documents)            | <input type="checkbox"/> Terminal Disclaimer  | <u>Copies of Cited Patents</u>   |
| <input type="checkbox"/> Response to Missing Part/ Incomplete Application | <input type="checkbox"/> Request for Refund   | <u>Return Postcard</u>   |
| <input type="checkbox"/> Response to Missing Parts                        |   |  |

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Darrell E. Warner	Registration No.	36,046
Signature			
Date	June 28, 2002		

## CERTIFICATE OF MAILING

I hereby certify having information and a reasonable basis for belief that this correspondence will be deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

June 28, 2002

Typed or printed name	Tammy L. Hodges		
Signature		Date	June 28, 2002